

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other

2. NAME OF OPERATOR
Caulkins Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 780 Farmington, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1190' F/S & 1580' F/W
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

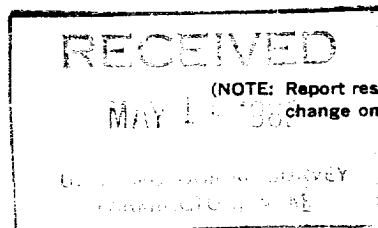
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☒
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

It is proposed to pull plugged tubing, clean out to TD 3637' and rerun used tubing.

The proposed starting date is 5-18-82.

No new surface to be disturbed.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Charles J. [Signature] TITLE Superintendent DATE 5-06-82

APPROVED BY _____ (This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL ANY
JAMES F. SIMS
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC